



Dania Beach Ocean Rescue Junior Lifeguard Program Registration Form

LOCATION

110 North Beach Road, Dania Beach FL 33004

PARTICIPANT INFORMATION

NAME	DATE OF BIRTH	AGE
ADDRESS	HOME PHONE	
CITY	STATE	ZIP

FAMILY INFORMATION

PARENTS'/GUARDIANS' NAME	HOME/CELL NUMBER
PLACE OF EMPLOYMENT	WORK PHONE

EMERGENCY NOTIFICATION

Person to notify if parent/guardian cannot be reached	PHONE NUMBER
CHILD'S PHYSICIAN	PHONE NUMBER

Please describe any special or medical conditions (Allergies, Medications, Special Needs, Restrictions, etc.)

Who is authorized to pick up your child/children? _____

PROGRAM FEES

<u>RESIDENT:</u>	<u>NON-RESIDENT:</u>
\$80.00*	\$90.00*

Fees are ***Non-Refundable*** and must accompany this completed form in order to reserve your child's space - **No Exceptions! Acceptable forms of payment are cash or check.**

*Fee does not include Field trips and Special Event fees such as competitions if to occur.

ACKNOWLEDGEMENT OF REFUND POLICY

I UNDERSTAND THE CITY OF DANIA BEACH, HAS NO REFUND POLICY FOR FEES AND CHARGES PAID TO THE PARKS AND RECREATION DEPARTMENT FOR ACTIVITIES SPONSORED BY THEM. THE ONLY EXCEPTION TO THIS POLICY WILL BE WHEN AN ACTIVITY IS CANCELLED OR THE TIME IS ALTERED BY THE CITY OF DANIA BEACH OCEAN RESCUE DIVISION AND RECREATION DEPARTMENT. NO OTHER CIRCUMSTANCES OR SITUATIONS WILL QUALIFY FOR A REFUND. I UNDERSTAND THE REFUND POLICY AND AGREE TO PAY THE BALANCE OF MY ACCOUNT FOR JUNIOR LIFEGUARD PROGRAM BEFORE THE PUBLISHED DUE DATES.

PARENT/GUARDIAN SIGNATURE: _____

PLEASE READ FURTHER FOR IMPORTANT INFORMATION REGARDING THE RELEASE AND HOLD HARMLESS AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT BELOW

CITY OF DANIA BEACH, FLORIDA RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT

DESCRIPTION OF ACTIVITIES (Referred to as “Activities” below): The Junior Lifeguard Program, consists of: Learning first aid safety (water activities in the Atlantic Ocean), ocean rescue techniques, surfing, paddling and kayaking in the Atlantic Ocean and learning the skills to become proficient in the ocean.

Please Read.

The undersigned grants permission to the City of Dania Beach to obtain any emergency medical care for my child (named above) that may become necessary. The undersigned also grants full permission to use any and all parties to use photographs, videotapes, recordings or any other record of this program for publicity and/or promotional purposes. Nothing in this agreement shall be construed to affect in any way the City’s rights, privileges and immunities as set forth in Florida Statutes Section 769.28.

I, _____ hereby agree to sign this release and waiver.
(PARENT/GUARDIAN)

I, the undersigned parent or legal guardian (on behalf of myself, my spouse or any co-guardian) of the minor child whose name appears above, consent and agree that the above named minor child may participate in the above-described Activities. I state, certify and warrant that the minor child is in good health and physical condition and is fully able to participate in the above Activities. The undersigned also understands that because of the types of Activities, there is a potential risk of accidental injury or death. **THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE CITY OF DANIA BEACH, FLORIDA (INCLUDING ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES AND AGENTS, COLLECTIVELY REFERENCED TO IN THIS DOCUMENT AS THE “CITY”) HAS MADE NO REPRESENTATIONS OR STATEMENTS OF ANY KIND UPON WHICH I/WE CAN RELY CONCERNING THE SAFETY, CHARACTER AND NATURE OF THE ACTIVITIES OR THE CONDITION OF THE PROPERTY WHERE THE ACTIVITIES WILL BE CONDUCTED, WHICH IS THE CITY OF DANIA BEACH PUBLIC BEACH LOCATED NEXT TO THE ATLANTIC OCEAN (THE “BEACH”) IN THE CITY.** In exchange for allowing my/our minor child to attend and participate in the Activities, the undersigned releases and agrees to hold harmless the City of Dania Beach and its officers, employees, agents, representatives and volunteers (collectively referred to as “City”) from and against any and all manner of actions, causes of action, liabilities, controversies, agreements, promises, damages, rights, injuries, judgments, claims and demands of any nature whatsoever at law or in equity, that my/our minor child or the undersigned or both may have now or in the future, for or by reason of the minor child’s involvement in the Activities, including, without limitation, claims or liabilities associated with any injuries sustained by the minor child. The undersigned further agrees that the City will not be held liable for death, injuries or other loss of any kind whatsoever which may occur as a result of such participation in the Activities, or while present at the Beach, and the undersigned voluntarily assumes the risk for the minor child of any loss, injury, death or damage to person or property, which in any way arises out of participation in the above-described Activities and presented at the Beach. The undersigned understands that the Activities may involve physical contact with other individuals participating in the Activities and that the Activities will take place outdoors.

The undersigned understands that he/she is responsible for furnishing insurance coverage’s for the minor child in case of injury. The undersigned accepts full financial responsibility for payment of any and all such medical services.

Further, the undersigned **WAIVES (GIVES UP) ANY CLAIM** against the City arising from loss, injury, death or damage sustained by my/our minor child and does **COVENANT NOT TO SUE** the City.

The foregoing release, indemnification and hold harmless document shall be effective and continue despite any negligence, active or passive or comparative negligence of any kind on the part of the City relating to any such loss, injury, death or damage.

Nothing in this document shall be construed to affect in any way the City’s rights, privileges and immunities as set forth in Florida Statutes Section 768.28. The undersigned also agrees that the provisions of this document shall be binding on my/our heirs, successors and assigns and those of my/our minor child.

THE UNDERSIGNED HAS FULLY READ (OR AGREES THAT THIS DOCUMENT WAS READ ALOUD TO THE UNDERSIGNED) AND ITS TERMS ARE UNDERSTOOD AND THE UNDERSIGNED AGREES TO EACH AND EVERY TERM CONTAINED IN THIS RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT.

DATED: _____

WITNESS SIGNATURE

Signature of Parent or Guardian

PRINT NAME

PRINTED Name of Parent or Guardian